

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 340, MS 3-24  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-2716



TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: WELLNESS FUNDING

The Department of Developmental Services (DDS) will allocate wellness funding to regional centers for projects that meet the priorities outlined below. Proposal guidelines and application materials are enclosed. The proposal requirements, as well as the project selection criteria, have been developed in accordance with the Lanterman Act (Welfare & Institutions Code, Chapter 1, Section 4513); every effort has been made to streamline the process. Please note that the budget is to be a milestone/deliverable budget. Regional centers are encouraged to partner with other regional centers to combine resources and funding to expand the scope of the project.

Foremost consideration will be granted to those proposals that address the following:

- **Medication Management (i.e., consultations with a pharmacist and physician, recognition of and management of possible side effects, and drug interaction prevention strategies)**
- **Peer to Peer Nutrition/Fitness (i.e., consumers training other consumers)**
- **Projects that expand telemedicine capabilities. Equipment must be compatible with other regional centers currently equipped for telemedicine to create a network for expansion of medical, psychiatric, and oral health services and training.**
- **Replication of Previously Successful Medication Projects (Projects should not duplicate medication management in the Direct Support Professional Training program)**

**The following projects have completed, or are working on, successful and/or promising Medication Projects:**

- Regional Center of the East Bay (96/97) Medication management training was conducted for regional center staff and care providers. Eight trainings, consisting of two six-hour training sessions, occurred in RC catchment areas.
- San Diego Regional Center (96/97) A team of nurses reviewed consumers' medication use in residential settings. The reviews included assessment of the frequency and type of psychoactive medication used.
- San Gabriel/Pomona Regional Center (96/97) Psychoactive medication usage was reviewed for consumers transitioning from developmental centers to

**"Building Partnerships, Supporting Choices"**

## Regional Center Executive Directors

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community placements. Developed a summary sheet for review with recommendations for follow-up by consumers' primary care physicians.

- Westside Regional Center (96/97) A consulting pharmacist reviewed medication regimens for consumers. A summary sheet for the review was developed and recommendations were made to the primary care physicians.
- Regional Center of the East Bay (97/98) Expansion & update of 96/97 project.
- Valley Mountain Regional Center (99/00) This project identified consumers with medication problems resulting from emergency room admissions. Curriculum and training was developed for care providers. Also, a course was developed which focused on medication issues and developmental disabilities for PharmD students, by the UOP School of Pharmacy.
- Regional Center of the East Bay (01/02) A model was developed for the diagnosis, intervention, and treatment for adult consumers receiving excessive psychotropic medications. A training video was developed and distributed; a symposium was held in 2003; and, psychiatric assessments and medication reviews were completed.
- Harbor Regional Center (01/02) Protocols and materials were developed, and trainings were completed for consumers and SLS instructors on high blood pressure, diabetes, high cholesterol, asthma, depression, and seizures.

The following additional promising projects have been funded, but not yet completed:

- San Gabriel/Pomona Regional Center (03/04) A Multidisciplinary Model to Prevent Psychiatric Hospitalization
- Valley Mountain Regional Center (03/04) Special Incident Report Review
- Central Valley Regional Center (04/05) A Plan of Action to Reduce Health Risks in Medication Management and Medical Care Management for Persons with Developmental Disabilities in Community Residential Care

The proposal narrative may be between 4 and 10 pages (but should not exceed 10 pages), and must follow the enclosed format. **Proposals must include all required items together (letters of support, outcomes sheet, budget worksheet) when submitted to DDS. Regional centers must also include 10 copies of their original proposal at the time of submission.**

**Please mail 10 copies of your regional center's completed proposal to:**

***Department of Developmental Services  
Health and Wellness Section  
1600 9<sup>th</sup> Street, Room 330, MS 3-8  
Sacramento, CA 95814  
Attention: JoEllen Fletcher***

Regional Center Executive Directors

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**Proposals postmarked after February 1, 2006, will not be considered for selection. Faxed proposals will NOT be accepted.** Please contact Ms. Fletcher directly at (916) 654-2133, if you have any questions regarding this process. We look forward to receiving your regional center's proposal.

Sincerely,

***Original Signed by***  
JULIA MULLEN, Deputy Director  
Community Services and Supports Division

Enclosures

cc: Clinical Directors  
Wellness Coordinators  
Bob Baldo, ARC

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### III. BILLING AND REPORTING INFORMATION

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### IV. COMPARISON OF MORTALITY STUDIES

#### CHECKLIST

This checklist is provided to assist you with assembling your proposal.  
Please ensure that the following documents are submitted with your proposal:

- ☐ Cover Sheet
- ☐ Narrative
- ☐ Attachment 1: Outcomes Worksheet
- ☐ Attachment 2: Budget Worksheet
- ☐ Attachment 3: Assurances
- ☐ Letters / Statements of Support

## ***Potential Questions***

1. Who is eligible for a contract amendment for Wellness projects?

Only proposals submitted through regional centers will be considered. However, other community partners are encouraged to work with their local regional center to develop proposals.

2. Should I submit a proposal if it is outside of the defined priority area?

Yes, other projects will be considered, but note that proposals aligned with the stated priorities will be given first consideration.

3. Are these proposal guidelines and application materials available electronically?

Yes, you may access them by logging onto DDS' web site at [www.dds.ca.gov](http://www.dds.ca.gov) and clicking on "Regional Center Wellness Amendments".

4. Will my proposal be disqualified if the narrative exceeds 10 pages?

No, proposals with more than 10 pages of narrative will not be disqualified. But, please remember that the selection committee will need to read a large number of proposals in a short amount of time. We encourage you to make your proposals as succinct as possible.

5. How many letters of support do I need? Who should the letters be from?

There is no set number of letters that you are required to submit. But, it is to your advantage to include letters from individuals and/or agencies who will participate in, benefit from, or who confirm local support of your project, such as consumers, families, and Area Boards. A few letters that reflect this type of support are better than a large quantity of vague, form-type letters.

6. Can I fax my proposal to DDS?

No. Faxed copies are often difficult to read, or come through with missing pages. The only approved submission process is to send ten copies of the proposal, via US mail, Federal Express, UPS, or Courier, postmarked on or before February 1, 2006.

7. When will selection decisions be announced?

Our goal is to have the selection decisions made and announced in March 2006. Please note: Funds awarded must be encumbered/contracted by June 30, 2006. Final invoice should be received no later than May 15, 2008.

If you have additional questions, please contact JoEllen Fletcher at (916) 654-2133.

**2005 – 2006 WELLNESS PROJECT PROPOSAL  
COVER SHEET**

Regional Center: \_\_\_\_\_

Title of Proposed Project: \_\_\_\_\_

Regional Center Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Partner / Subcontractor: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Funding Requested (*from Budget Worksheet*): OPS ONLY: = Total: \$\_\_\_\_\_

In-kind Funds: \$\_\_\_\_\_

**Description of the proposal's major activities and goal(s):**

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**Projected Results** (*please check all that apply*):

- ☐ Audio Tape Production    ☐ Best Practice Guidelines    ☐ Specialty Clinic
- ☐ Curriculum    ☐ Equipment Purchase    ☐ Foreign Language Translation
- ☐ Health Assessments    ☐ Video Production    ☐ Services for Consumers
- ☐ Health History/Documentation    ☐ Research Report
- ☐ Education/Training for:    ☐ Service & Care Providers    ☐ Consumers & Families
- ☐ Medical professionals
- ☐ Other: \_\_\_\_\_

**Please submit the final report, and/or written material ( i.e., Guidelines, Curriculum) to DDS in PDF format or for video in a DVD-R format. In order to promote dissemination and sharing of project material, DDS will post all information/material developed on our website.**

**Counties to benefit from this project and associated activities:**

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## 2005 - 2006 WELLNESS PROJECT PROPOSAL FORMAT & GUIDELINES

Please address the following items, not to exceed 10 pages of narrative (excluding attachments).

I. Project Description

a. Background / Need Statement

What is the need for the activities? Be sure to explain the rationale or background for the proposed activities and identify the expected outcomes.

b. Proposed Activities

Describe proposed activities, including the target population, the type of service to be provided, the number of individuals to participate, resources to be developed, project collaborators, etc.

II. Regional Center Track Record

Please briefly describe any previous efforts, projects and services that your regional center has initiated in this project area. Also provide a brief narrative describing your regional center's commitment to, and capacity to complete, the proposed project.

III. Plan to Disseminate Products and Information

How and to whom will products and information (guidelines, curriculum, reports, etc.) resulting from this project be distributed? **(Products must be disseminated to DDS in PDF format, if appropriate, and to other regional centers)** Describe any planned public relations activities.

IV. Timeline

Create a timeline and include dates for the following phases: development, implementation, completion, and evaluation. Include start and end dates for each activity. **The dates of significant events must be indicated so that the DDS Contract Manager is aware in advance and may attend, if possible. Please note that awarded funds must be encumbered (sub-contracted) by June 30, 2006, and expended and invoiced by May 15, 2008.**

V. Evaluation

Impact / Outcomes

**Complete Attachment #1: Outcomes Worksheet**

The Outcomes Worksheet is intended to assist you in answering the following questions: What impacts will this project have? How will you know if the anticipated impact is realized? Please identify no more than 3 specific outcomes. Outcomes need to be measurable and should document the results of the project.

## Performance Evaluation

What process will be utilized to evaluate the project's effectiveness? For example, how will your regional center measure benefits to consumers, collect information regarding barriers, and gather recommendations for improvement?

## VI. Milestone/Deliverable Budget Worksheet / Line Items

### **Complete Attachment #2: Milestone/Deliverable Budget Worksheet**

A deliverable budget is a specific type of budget containing expenditures that are tied to a product (e.g. a video) or milestone (e.g. 100 health assessments).

**DO NOT** include any projected dates on your Milestone/Deliverable budget worksheet.

Administrative overhead is not to exceed 11%.

Sub-contractor payment shall be based upon deliverables only.

**Pursuant to Generally Accepted Accounting Procedures (GAAP), the salary and wages of regional center employees working on plans and associated activities may be claimed through June 30, 2006 only.**

**Funds must be encumbered/contracted by June 30, 2006 and expended by May 15, 2008.**

## VII. Wellness Project Invoice

The invoice provided in this packet is to be used for billing on FY 05-06 Wellness Projects. **Invoices will not be processed unless a *current* Progress Report is on file.**

## VIII. Assurances & Sign-off

### **Complete Attachment #3: Assurances**

Obtain appropriate signatures and attach to your proposed project.

## IX. Letters/Statements of Support from the Community

To complete your proposal, please attach letters and statements of support from stakeholders, partners, and other interested parties. Please include letters or statements from individuals and/or agencies who will participate in, benefit from, or are otherwise able to confirm local support of your project, including consumers, families, and Area Boards.



## **INSTRUCTIONS FOR COMPLETING THE OUTCOMES WORKSHEET (Attachment 1)**

### **General Instructions:**

Regional centers and/or their partners will be asked to report on the impact, or outcomes, of their planned activities. This information will be utilized by DDS to track the overall success of these projects in improving the health and well being of persons with developmental disabilities. To compile information across all projects, it is necessary that a common definition of outcome be utilized. For this purpose, please develop outcomes that describe the benefit or impact to project participants or consumers. Further definition and examples of “person-impact” outcomes are provided below.

A worksheet (Attachment 1) is provided to assist you with the identification of outcomes as well as the indicators and methodologies to be used to measure them. Please indicate up to three outcomes that you plan to measure as part of this project. Proposals will not be evaluated by the number of outcomes indicated, but by how well the identified outcome(s) address the overall goals and by the data indicators and measurement methodologies described.

### **Explanations:**

- **Activities:**  
Information about planned activities including number of people to receive services, number of classes to be taught, materials to be developed, etc. Please note that not all activities can be, nor need to be, tied to a “person-impact” outcome.
- **Anticipated Outcomes For Participants or Consumers:**  
As a result of these activities, what outcomes are anticipated? What changes or benefits will the project participants experience? What are the anticipated benefits for the service delivery system and/or consumers?
- **Data Indicators and Collection Methodology:**  
How will you know that the project is having the intended impact? What information will be collected to measure the identified outcomes? How will the data be collected? How will baseline information be established? For example, use of pre- and post-testing, initial assessment and follow-up intervals, etc.

### **Sample Outcomes Worksheet**

Goal of Proposed Project: Pilot a comprehensive, monitored nutritional program. Determine the health benefits of such a program. Determine feasibility of expanding such a program, and share the results with other regional centers, and organizations such as AAMR.

<b><u>Activities:</u></b>	<b><u>Anticipated Outcomes:</u></b>	<b><u>Data Indicators and Collection Methodology:</u></b>
Identify and provide initial nutritional assessments for 100 clients.	Baseline data on nutritional levels and lifestyles of 100 clients.	Completion of nutritional evaluation forms and subjective survey forms.
Prepare individual nutrition plan for each client.	See initial increased health benefits (weight loss/gain).	Completing nutritional menu plan/diary on weekly basis.
Clients participate in nutritional long-range plan and have ongoing monitoring.	Continued health benefits charted on a quarterly basis (continued weight loss/gain, decreased blood pressure, increased fitness levels, etc...).	Each client receives nutritional supervision and participating in program twice weekly as verified by attendance and tracking records. Records of quarterly monitoring.
Evaluation and preparation of information and reports.	Written evaluation of results of nutritional program.  Educational materials on how to develop similar programs.	Individual and aggregate written evaluation of the program at end of year with summary of progress.  Educational materials prepared, presented at Spring Wellness Forum, and distributed to regional centers.

**OUTCOMES WORKSHEET**  
2005 – 2006 Wellness Proposal

Title of Proposed Project: \_\_\_\_\_ Regional Center: \_\_\_\_\_

Contact: \_\_\_\_\_

Goal of Project: \_\_\_\_\_

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<b><u>Activities:</u></b>	<b><u>Anticipated Outcomes:</u></b>	<b><u>Data Indicators and Collection Methodology:</u></b>

# EXAMPLE

## MILESTONE/DELIVERABLE BUDGET

### 2005 - 2006 Wellness Project Proposal

Title of Proposal: Nutritional Program

Regional Center: RCXY Contact: Jane Doe

Please use the Milestone/Deliverable break down below for each Milestone/Deliverable of your proposal. Use as many Milestones/Deliverables as needed (copy and paste SECTION I below).

#### SECTION I

#### **Milestone/Deliverable: Curriculum Development**

##### ***Sub-Categories***

**Operating Expenses:** (e.g. office supplies, printing/copying, equipment, staff training/travel, communication, postage/shipping, conference, materials development publications/videos, etc...)

		<b>In-Kind</b>
<i>Description:</i> <u>Staff Travel to attend curriculum design meeting</u>	<u>\$ 5,000</u>	
<b><u>(Regional Center staff may be claimed only through June 30, 2006)</u></b>		
<u>Design/Printing curriculum</u>	<u>\$ 6,000</u>	
<u>Shipping curriculum</u>	<u>\$</u>	<u>\$ 3,000</u>
	<u>\$</u>	
<b>TOTAL OPERATING COSTS</b>	<b><u>\$ 11,000</u></b>	<b><u>\$ 3,000</u></b>

##### **Personnel Services:**

Salary & Wages (**Regional Center staff may be claimed through 6/30/06 only**)

Contract/Consultation

*Description:* Regional Center Resource Developer full-time until 6/30/06

	<u>\$</u>	<u>\$</u>
	<u>\$ 14,000</u>	<u>\$ 3,000</u>
<b>TOTAL PERSONEL COSTS</b>	<b><u>\$ 14,000</u></b>	<b><u>\$ 3,000</u></b>

## SECTION I

### Milestone/Deliverable: Marketing for Training

## Sub-Categories

**Operating Expenses:** (e.g. office supplies, printing/copying, equipment, staff training/travel, communication, postage/shipping, conference, materials development publications/videos, etc...)

## In-Kind

*Description:* Printing/Copying \$ 5,000 \$

Office Supplies	\$ 6,000	\$
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Postage	\$ 4,000	\$
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\_\_\_\_\_ \$ \_\_\_\_\_ \$

**TOTAL OPERATING COSTS**                      **\$ 15,000**                      **\$** \_\_\_\_\_

**Personnel Services:**

Salary & Wages \$ \_\_\_\_\_ \$ \_\_\_\_\_

Contract/Consultation	\$ 10,000	\$ 4,000
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*Description:* Consultant full time for three months (Dietician)

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<b>TOTAL PERSONEL COSTS</b>	<b>\$ 10,000</b>	<b>\$ 4,000</b>
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## SECTION I

### Milestone/Deliverable: Training Implementation

#### Sub-Categories

**Operating Expenses:** (e.g. office supplies, printing/copying, equipment, staff training/travel, communication, postage/shipping, conference, materials development publications/videos, etc...)

		In-Kind
Description: <u>Staff Travel to training (Regional Center staff travel may only be paid through June 30, 2006)</u>	\$ <u>5,000</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL OPERATING COSTS</b>	<b>\$ <u>5,000</u></b>	<b>\$ _____</b>

#### **Personnel Services:**

Salary & Wages	\$ _____	\$ _____
Contract/Consultation	\$ <u>20,000</u>	\$ <u>10,000</u>
Description: <u>Honoraria for trainers</u> (contract) _____		
_____		
<b>TOTAL PERSONEL COSTS</b>	<b>\$ <u>20,000</u></b>	<b>\$ <u>10,000</u></b>

## SECTION I

**Milestone/Deliverable:** Training Curriculum Distribution

### **Sub-Categories**

**Operating Expenses:** (e.g. office supplies, printing/copying, equipment, staff training/travel, communication, postage/shipping, conference, materials development publications/videos, etc...)

		<b>In-Kind</b>
<i>Description:</i> <u>Video and CD-ROM production</u>	\$ <u>23,000</u>	\$ _____
<u>Distribution of videos and CD-ROMs</u>	\$ <u>2,000</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL OPERATING COSTS</b>	<b>\$ <u>25,000</u></b>	<b>\$ _____</b>

**Personnel Services:**

Salary & Wages	\$ _____	\$ _____
Contract/Consultation	\$ _____	\$ _____
<i>Description:</i> _____		
_____		
<b>TOTAL PERSONEL COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>

## **SECTION II**

### ***Sub-Totals (from all the Milestone/Deliverables)***

		<b>In-Kind</b>
Total Operating Costs + Total Personnel Costs	\$ <u>100,000</u>	\$ <u>20,000</u>
<b>Administrative Overhead</b> (Not to exceed 11%)	\$ <u>11,000</u>	\$ _____

### ***Total Project Budget***

#### **Total Amount of Funding Requested (OPS ONLY):**

Total Operating Costs + Total Personnel Costs + Administrative Overhead \$ 111,000    \$ 20,000

PLEASE ENTER THIS AMOUNT AS **OPS ONLY** ON PROPOSAL COVER SHEET

This Budget Worksheet has been reviewed by the Regional Center Administrator/Chief Financial Officer

\_\_\_\_\_  
Administrator/Chief Financial Office

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MILESTONE/DELIVERABLE BUDGET**  
2005 – 2006 Wellness Project Proposal

Title of Proposed Project: \_\_\_\_\_

Regional Center: \_\_\_\_\_ Contact: \_\_\_\_\_

Please use the Milestone/Deliverable break down below for each Milestone/Deliverable of your project. Use as many Milestones/Deliverables as needed (copy and paste SECTION I below).

**SECTION I**

**Milestone/Deliverable:** \_\_\_\_\_

**Sub-Categories**

**Operating Expenses:** (e.g. office supplies, printing/copying, equipment, staff training/travel, communication, postage/shipping, conference, materials development publications/videos, etc...)

		<b>In-Kind</b>
<i>Description:</i> _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL OPERATING COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Personnel Services:**

Salary & Wages (**Regional Center staff may be claimed through 6/30/06 only**)

Contract/Consultation

*Description:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>TOTAL PERSONNEL COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>
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SECTION II

***Sub-Totals (from all the Milestone/Deliverables)***

		<b>In-Kind</b>
Total Operating Costs + Total Personnel Costs	\$ _____	\$ _____
<b>Administrative Overhead</b> (Not to exceed 11%)	\$ _____	\$ _____

***Total Project Budget***

**Total Amount of Funding Requested (OPS ONLY):**

Total Operating Costs + Total Personnel Costs + Administrative Overhead \$ \_\_\_\_\_ \$ \_\_\_\_\_

PLEASE ENTER THIS AMOUNT AS **OPS ONLY** ON PROPOSAL COVER SHEET

This Budget Worksheet has been reviewed by the Regional Center Administrator/Chief Financial Officer

\_\_\_\_\_  
Administrator/Chief Financial Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ASSURANCES

\_\_\_\_\_ (Regional Center) understands and acknowledges the following:

The funds being requested are one-time only and will not be added to the regional center's base budget.

Pursuant to Article 4, Section 4669.2 of the Lanterman Act, this regional center has consulted with the local Area Board to confirm the need for any new or expanded services to be developed under this proposal.

This regional center and/or subcontractor will be prepared to send a representative or representatives to participate in the next Health and Wellness Forum. Following the implementation of the project and all associated activities, the regional center and/or contractor will, upon request of DDS, participate in the next Health and Wellness Forum to share information by way of a workshop presentation.

This regional center is required to submit semi-annual progress reports and a final report to the Department of Developmental Services (DDS), Health and Wellness Section, using the reporting formats included in this packet. **Reports are to be sent to DDS by the following dates: 7/31/06; 1/31/07; 7/31/07; 1/31/08; 7/31/08.**

This regional center is required to submit expenditure claims and/or identify expenses using the invoice form included in this packet. The Department of Developmental Services may request additional information to substantiate these claims/expenses.

This regional center and partners recognize that, because all products and resources developed by way of this project and its associated activities are the result of public funds, the regional center and partners do not have proprietary rights to products and resources, and that these products and resources must be sent to the Department of Developmental Services, other regional centers, and made available upon request.

This regional center acknowledges that the equipment purchased for this project and its associated activities, is property of the State of California and that this stipulation will be included in every subcontract.

<u>Executive Director</u>	<u>Executive Director's Signature</u>	<u>Date Signed</u>

State of California-Health and Human Services Agency  
Revised 8/04

Department of Developmental Services

**INVOICE  
WELLNESS PROJECT  
FY 2005/06**

(1) Contract Number	(2) Contractor	(3) Supplement #
(4) Address City Zip		(5) Telephone Number
(6) Title of Project:		CURRENT CLAIM
OPERATIONS:		
		(7) Total

**FISCAL SUMMARY**

PROJECT SUMMARY		
(8) Total Project Contract Amount \$	(9) Total Project Claims to Date \$	(10) Balance of Project Contract Amount \$

I hereby certify that the amounts claimed herein are in accordance with Contract Number \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_, between the regional center and the Department of Developmental Services, and that the client services have been purchased in accordance with the fee schedule established by the Department. I further certify that the regional center is not seeking reimbursement for costs incurred to assist, promote, or deter union organizing.

\_\_\_\_\_  
**(11) Contractor Signature**

\_\_\_\_\_  
**(12) Title**

\_\_\_\_\_  
**(13) Telephone**

\_\_\_\_\_  
**(14) Date**

**DEPARTMENT USE ONLY**

Claim Approved for Reimbursement: \_\_\_\_\_ Date: \_\_\_\_\_  
Wellness Initiative Contract Liaison Signature

PROGRESS REPORT  
2005 - 2006 WELLNESS PROJECT

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Title of Project: \_\_\_\_\_

Regional Center: \_\_\_\_\_

Regional Center Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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Report Period:

☐ 1<sup>st</sup> Report    ☐ 2<sup>nd</sup> Report    ☐ 3<sup>rd</sup> Report    ☐ 4<sup>th</sup> Report    ☐ Final Report  
(due 7/31/06)    (due 1/31/07)    (due 7/31/07)    (due 1/31/08)    (due 7/31/08)

Activities Phase:    ☐ Development    ☐ Implementation    ☐ Evaluation    ☐ Completion

Activities to Date:

Please describe all project activities during this reporting period, as well as cumulative information to date. Include number of people served, training sessions held, progress made in developing materials, etc.

Outcomes to Date:

Please describe all outcome results compiled. Include specific information for this reporting period, cumulative information to date and initial baseline information, as applicable.

Progress Narrative and Time Lines:

Please describe the factors contributing to the success of these activities. Also discuss any barriers encountered and the steps taken to address them.

Are anticipated time lines being met?    ☐ Yes    ☐ No

Please submit this report, by due date listed above for each reporting period, to:

Department of Developmental Services  
Health & Wellness Section  
1600 Ninth Street, Rm. 330, MS 3-22  
Sacramento, CA 95814  
FAX (916) 654-3464